A qualitative assessment of Methadone Maintenance Therapy Program in Nepal: Evidence to scaling up at National level

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ABSTRACT

Methadone maintenance therapy is widely accepted form of substitution therapy in people with Opioid dependent client. It is a kind of harm reduction strategy which prevents the spread of HIV and hepatitis among injecting drug users. It also improves quality of life and help decrease crime and other social issues. The program has been in Nepal for few years. The clients are increasing more each day and the demand for the program is also increasing. There is an urgent need of scaling-up the program in Nepal to address the increasing number of clients and unreached clients. This is an attempt to assess qualitatively the methadone maintenance therapy program in Nepal to generate evidences as a support to existing programs and to scale up the program in unreached population. The qualitative study revealed that the clients had adequate knowledge on the program and the program is quite satisfactory. However, they have to wait for a long to get enrollment in the program, there is no counseling session and they were more concern about the quality of the drug. Despite many lacunae, the participants found the program very useful in terms of developing good relation with family members, decreasing the necessity of money, being able to attend social functions, health and economic benefits, time saving, easily getting job. On the other hand, they were experiencing adverse effect such as decreasing sexual performance, dental caries, nausea, social stigma due to misuse of the program by some clients which are not properly addressed by the program. The program can be improved by making it priority problem at national level by the government, improving it as one stop shopping such as providing counseling, medicine and skill development program at one place

Keywords: Nepal, Methadone, MMTP, Opioid, Qualitative study

INTRODUCTION

Methadone maintenance therapy (MMT) has been recognized as an effective tool to prevent HIV among injecting drug users (IDU) and to increase the adherence of eligible people with HIV/AIDS to anti-retroviral (ARV) treatment.[1-6] Methadone and buprenorphine has proven highly effective in the treatment of opioid dependence and HIV prevention and have been included recently into WHO XIV Edition of the Model List of Essential Medicines.[7] Illicit drug use,[8] crime[9] and also helping a person to work and participate in social interactions are other proven beneficial evidences of MMT.

Despite strong evidence for the efficacy of methadone in the treatment of heroin dependence, the relapse rates are quite high in routine clinical practice.[10-12] Treatment outcome can be influenced by several factors, such as client characteristics, diversity of needs, expectations and satisfaction of clients.[13]

After the introduction of injectable buprenorphine in Nepal in 1989, the pattern of drug use and HIV infection changed very rapidly. At the same time, the number of drug users increased in urban areas and spread to semi-urban areas. It is estimated that there are 40,000–50,000 drug users in Nepal (including non-injecting drug users). In Kathmandu, there are approximately 5,000-10,000 drug users. The majority of Nepal's drug users are poly-drug user, half are aged 16-25 years and about 70-90% inject buprenorphine.

Focus groups are efficient technique to gather information on a topic from various participants via guided group conversation. The aim of this study is to qualitatively review the MMT program from user perspectives and forward it as an evidence to support the MMT program in Nepal.

MATERIALS AND METHODS

Two centres out of five of Kathmandu Valley running the MMTP program were selected for the study. The study was conducted in year 2011.Five sessions of Focus group discussion (FGD) with the MMT client was carried out in different time. Firstly, a standard guideline was developed for FGD after consultation with consultant psychiatrist who is well aware of the program, the program managers and few of the clients enrolled

in the program. About 12 to 14 clients participated in each session and all the FGD were conducted by an experienced epidemiologist. The session were all recorded using digital recorder and note were taken accordingly to support the recorded information. The acquired information was analyzed manually. The recorded information was transcribed which was typed and reviewed thoroughly then translated in English language. The content of transcription was then labeled as per the domain of analysis.

RESULTS

All the participants knew about the Methadone Maintenance Therapy Program (MMTP) and its objectives and they understood this as Methadone Maintenance Therapy that substitutes use of other drugs (like heroine, buprenorphine and other opioids) by methadone. They also indicated that this is a harm reduction program to reduce HIV, Hepatitis B and other blood borne infections and also reduces the crime in the society.

The number of clients in methadone maintenance is increasing every day. Those who were from the very beginning in the program did not have any difficulty to be enrolled whereas enrollment in the program is very difficult these days due to increasing number of clients. Some participants mentioned that they have waited more than 3-6 months to be enrolled in the program which was quite a long time. Few participants also have dissatisfaction about the partiality in the enrollment of clients such as those having good relationship with the service provider have to wait less to be enrolled in the program. In this regard, they recommended developing a guideline and enrollment criteria which can be used to all new clients without prejudices which may also include giving priority to those who were on Methadone previously and HIV positive.

The participants responded that the centres are accessible and substitution therapy is easily available. However accessibility and opening hours were not user friendly to few of them who lives far away from the centre and doing regular job.

There is no regular counseling session for the clients though there is a counselor in the centre. They observed that quality of methadone is sometimes compromised by mixing other drugs such as cough syrup. They also raised the issue of take home doses when they are sick and during important social functions as a part of continuum of care after getting approval from family members. They also felt that the program should be run by the clients of MMT considering the "by and for the client" concept.

However, despite many lacunae, the participants found the MMT program very useful for them in terms of developing good relation with family members, decreasing the necessity of money, being able to attend social functions, health and economic benefits, time saving, easily getting job etc.

Few adverse effect the participants experienced while in the program are health and social such as decreasing sexual performance, dental caries, nausea which are not properly addressed by the program, social stigma due to misuse of the program by some clients.

When the participants were asked on ways to improve the program they came up with different views. They suggested that one stop shopping strategy should be adopted such as counseling, medicine, skill development program available at same place. A regular discussion with the clients of MMT program would help to fill the gaps between the service provider and user. The government should also plan expansion of the program by providing nutritional support, initiation of skill development program, sports facilities etc. An identification card should be provided to all the enrolled MMT clients, firstly to reduce the police hassle and secondly to get facilities in transport and other public services. The program should also initiate to organize the clients into group and provide them training of trainers to raise awareness in the community and among the clients themselves. The government should also prioritize this program in line with tuberculosis and HIV/AIDS and spare more budgets to address unreached clients at national level.

DISCUSSION

The first methadone study was performed in late 1963 and early 1964 at The rockfeller Institute for medical research. The research concluded that methadone prevented opioid withdrawal symptoms, blocked the euphoria of heroin, and decreased cravings in opioid-dependent individuals and thereby confirmed methadone as a maintenance medication with efficacy for opioid dependence.[14,15] Opioid dependence cause lot of morbidity and mortality and it is chronic enduring condition and requires long term treatment and care. An adequate access to arrays of treatment options should be offered to respond to the varying needs of people with opioid dependence. Substitution maintenance treatment is an efficacious, safe and cost-effective modality for the management of opioid dependence. Such treatment is a valuable and critical component of the effective management of opioid dependence. Scientific evidence suggests that substitution treatment can help reduce criminality, infectious diseases and drug-related deaths

as well as improve the physical, psychological and social well-being of dependent users.[16] Our study tried to outline some of the issues related to the program such as enrollment process hassle, timing of dispensing, locality, quality of methadone and other logistical and social issues, which was similar in previous study.[17] Most of the clients have family and other social issues, they belong to middle class and unemployed and have to travel to reach clinic. Since it is provided free of cost more and more wants to get enrolled in the program. The view of client in this for scale up was shared in other study also, so that more needy client can also benefit from the program.[18,19] The clients concern toward proper counseling session is justifiable, as just simply intensifying routine drug abuse counseling improves outcomes for patients receiving methadone, and even better response can be achieved with more specialized interventions.[20] Overall the clients in our study were satisfied with the program and were of view for concern for waiting period as reflected in other study also.[21] Policy-makers need to conceptualize creative methods to deliver MMT and make it more accessible at different times, localities, and address clients concern and in a more comprehensive way. This study attempts to catch as complete picture as possible through sampling of diverse case, but sampling was not random and the study was more concerned with depth than in quantity and can be used as for further improvement of the program in future.

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